



Depew UFSD BUS TRANSPORTATION



Student's Name _____ School Building _____

Birth Date _____ Grade _____ School Year _____ Today's Date _____

Instructions: Use one (1) form per student and provide one (1) daycare location (for grades K-7 only). Please return this form by mail to 5261 Transit Rd, Depew, NY 14043. **Attn: Transportation Dept.** Please allow 3-5 business days upon receipt for processing. **Bus needs change year to year, if we do not receive a form for your student, your child will NOT be routed on a bus.**

1-Student's Primary Residence

Guardian's
Name _____
Street _____
City/Zip _____
Phone _____
Email _____

2 -Daycare Provider (if applicable)

Guardian's
Name _____
Street _____
City/Zip _____
Phone _____
Email _____

*Please check the appropriate choice below; we **DO NOT accept calendars** or alternating weekly schedules: You can email this form to: Transportation@depewschools.org*

Morning Pick-Up

☐ Primary Residence ☐ YMCA @ Cayuga ☐ Daycare Provider* ☐ PARENT will transport

Number of Pick up location —* **A.M.** Daycare - M ___ T ___ W ___ H ___ F ___

Afternoon Drop-off

☐ Primary Residence ☐ YMCA @ Cayuga ☐ Daycare Provider* ☐ PARENT will transport

Number of Pick up location —* **P.M.** Daycare - M ___ T ___ W ___ H ___ F ___

Parent/Guardian Signature

Requested Start Date

Office Use Only

Date Received _____

AM Bus# _____ PM Bus # _____ Date Entered _____ Date Notified _____ Date School _____